

Norman Police Department Police Officer Application Checklist



Ш	an Application Packet from Police Records at 201-B West Gray Street.
	Complete the City of Norman Application.
	Complete the Supplemental Questionnaire.
	Complete the Disqualifiers Sheet.
	Complete the Personal History Statement (PHS) Packet.
	Include copies of the following items in your packet: Driver's License Social Security Card High School Transcript ALL College Transcripts Birth Certificate Marriage License (If Applicable) Divorce Decree (If Applicable) DD Form 214 (If Applicable) Attach a sheet explaining any missing documents and provide a time when you expect to turn in the documents.
	Turn in the completed application packet with the required documentation at Norman Police Records <u>OR</u> mail in your completed packet to Norman Police Personnel & Training Section, 201-B West Gray Street, Norman, Ok 73069. <u>THE DEADLINE IS FEBRUARY 13, 2015.</u>
	Review the Physical Ability Testing Procedures.
	You will be notified of the date, time, and location of the physical agility test and written test.
	Contact the Police Recruiter with any questions at 405-366-5222 or police.recruiting@normanok.gov



APPLICATION FOR EMPLOYMENT

The City of Norman

Human Resources Department

P.O. Box 370 201-C West Gray Norman, OK 73070 Norman, OK 73069 (405) 366-5482 JOB LINE 366-5321

www.NormanOK.gov/HR/HR-Job-Postings

AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY

The City of Norman does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability, or any other legally protected status.

This is an application for employment and no employment contract is being offered. After a selection has been made, this application will not be considered for any other position. If you need assistance in completing this application form or in participating in the selection process, please inform a member of the Human Resources staff.

INSTRUCTIONS: Applications which are not complete will not be processed. No faxed applications will be accepted.

	<u>PERSONAL</u>	
1.	Name	Date
2.	Address	STATE ZIP
3.	Mailing Address	STATE ZIP
4.	IF DIFFERENT FROM STREET ADDRESS E-Mail Address	
		Mag/Mag/s Na
5.	Cell No Home No	IVISG/VVOIK NO.
6.	Are you eighteen years of age or older? Yes No	
7.	Position desired	Dept/Division
		Rate of expected pay \$ per hour
8.	Are you available to work Full-time Part-time	
	Specify days and hours if part-time:	
9.	Were you previously employed by us? Yes No	
	If yes, when?	
10.	Are you a U.S. Citizen?	u have a legal right to work in the U.S.?
	Explain:	
11.	Driver's License	
	Are you related to any City employee or any member of the City Cou	
	If yes, give name, department, and relationship:	<u> </u>
13.	Have you been convicted of a felony in the last 7 years or are you c	urrently charged with the commission of a felony?
	Yes No If yes, state what, when, and how:	

14. What experience, trai	ning, or education do you have that	would relate to this positi	on?	
essential job functions, th	he job, after the selection process, are City of Norman will explore these some positions which will determine and the public.)	alternatives. (The City	of Norman require	s a pre-employment
<u> </u>	· ,			
	EDUCATIO	N RECORD		
TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended	Graduated	COURSE/MAJOR
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS OR TRADE				
OTHER				
		<u>REFERENCES</u>		
Give name, occupation, a previous employers.	ddress, and phone number of <u>THRE</u>	EE references who are <i>n</i>	ot related to you ar	nd are <i>not</i> current or
		T		
Name	Occupation	Address	Pho	one Number

EMPLOYMENT HISTORY

List past 10 years of employment, beginning with your most recent/current employer. Account for all gaps in employment. Supplemental Employment History forms are available upon request.

ADDRESS: CITY/STATE: STARTING DATE: ENDING DATE:	JOB TITLE: SUPERVISOR: TELEPHONE: STARTING SALARY: ENDING SALARY: MAY WE CONTACT EMPLOYER: YES NO
ADDRESS: CITY/STATE: STARTING DATE: ENDING DATE:	JOB TITLE: SUPERVISOR: TELEPHONE: STARTING SALARY: ENDING SALARY: MAY WE CONTACT EMPLOYER: YES NO
REASON FOR LEAVING:	
ADDRESS:	JOB TITLE: SUPERVISOR: TELEPHONE: STARTING SALARY: ENDING SALARY: MAY WE CONTACT EMPLOYER: YES NO
REASON FOR LEAVING:	
ADDRESS:	JOB TITLE: SUPERVISOR: TELEPHONE: STARTING SALARY: ENDING SALARY:

READ CAREFULLY BEFORE SIGNING

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Norman to investigate any information included in the application, and I agree to submit to medical examination, if required. The City of Norman requires pre-employment drug screening and criminal record search for all position. I understand that this application is not a contract of employment. I hereby release the City of Norman and its agents from all liability in making any investigation or inquiry relative to any information contained in the application form. I understand that, if employed, false or misleading statements given in this application or interview(s) may result in discharge. If hired, I understand probationary and temporary employees have no rights to permanent employment and may be terminated without cause at the discretion of the City. I understand that I am required to abide by all rules and regulations of the City of Norman. This application must be signed (handwritten or electronic) and dated for employment consideration.

DATE

SIGNATURE OF APPLICANT

CITY OF NORMAN SUPPLEMENTAL QUESTIONNAIRE POLICE OFFICER

Na	me: Date:
edı FI	is questionnaire is a supplement to your application and will be used for further evaluation of your action, training, and experience as it relates to the POLICE OFFICER position for which you applied. LL OUT THE QUESTIONNAIRE COMPLETELY EVEN IF THIS INFORMATION IS ON OUR APPLICATION/RESUME!
1.	Are you at least 21 years of age? YesNo
2.	If you are over 45, are you or have you ever been a member of the Oklahoma Police Pension and Retirement System? Yes No If yes, please list dates of membership
3.	Do you have at least 60 college credit hours from an accredited college or university?YesNo
	If <u>Yes</u> , please list the colleges and/or universities you have attended and the semester hours or quarter hours you have completed. An official transcript from your college or university verifying the number of credit hours you have completed <u>MUST BE SUBMITTED WITH YOUR APPLICATION</u> .
	Name of College/University Semester Hours Quarter Hours ————————————————————————————————————
	If <u>No</u> , will you have at least 60 college credit hours from an accredited college or university by February 13, 2015 ? Please list the college and/or university you are currently attending. An official transcript from your college or university verifying the number of credit hours you have completed <u>MUST BE SUBMITTED WITH YOUR APPLICATION</u> . An official letter from your college or university verifying the number of credit hours you are <u>currently</u> enrolled in must be submitted with your application, with an updated official transcript to follow by February 13, 2015 .
	Name of College/University Semester Hours Quarter Hours
	If <u>No</u> , do you have at least 30 college credit hours from an accredited college or university AND three years active duty military service with honorable discharge OR do you have at least 30 college
	credit hours from an accredited college or university AND two years prior law enforcement experience? Yes No

If <u>Yes</u>, please list the colleges and/or universities you have attended and the semester hours or quarter hours you have completed. An **official** transcript from your college or university verifying the number of credit hours you have completed <u>MUST BE SUBMITTED WITH YOUR APPLICATION</u>.

Name of College/University	
Do you have a valid driver's license? State License Number	YesNo
Have you ever been convicted of a felony?YesNo	felony or are you currently charged with the commission of
How did you find out about employm Mark <u>all</u> that apply:	nent opportunities with the Norman Police Department?
Newspaper	
	Name
Website	Name
Military	Name
	Name
Flier or Poster at a business	Name
Church	
Social Media	Name
Social ivicala	Name
Other	Name
	VE RECEIVED A COPY OF THE EMPLOYMEN
I FURTHER ACKNOWLEDGE THAT CORRECT, AND COMPLETE.	AT THE INFORMATION I HAVE LISTED ABOVE IS TRU I UNDERSTAND THAT ANY MISSTATEMENT (JALIFY ME FROM PARTICIPATING IN THE SELECTION)
PROCESS FOR POLICE OFFICER.	
Name	

Applicant Name:	

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	SCORE	RETEST	COMMENTS
SPELLING				
TYPING				
DATA ENTRY				
UMPIRE: BASEBALL				
UMPIRE: SOFTBALL				
MICROSOFT WORD				
MICROSOFT EXCEL				
MICROSOFT PUBLISHER				
MICROSOFT ACCESS				

DISQUALIFIERS

Applicant has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. (ABUSC922(g/1)) Applicant is a fligitive from justice. (ABUSC922(g/2)) Applicant is an unlawful user to any controlled substance. (ABUSC922(g/3)) Applicant has been adjudicated as a mental defective or who has been committed to a mental institution. (ABUSC922(g/4)) Applicant, being an alien, is illegally or unlawfully in the United States; or has been admitted to the United States under a nonimmigrant visa." (ABUSC922(g/4)) Applicant, being an alien, is illegally or unlawfully in the United States; or has been admitted to the United States under a nonimmigrant visa." (ABUSC922(g/6)) Applicant has been discharged from the Armed Forces under dishonorable conditions. (ABUSC922(g/6)) Applicant, having once been a citizen of the United States, has renounced his citizenship. (ABUSC922(g/6)) Applicant is subject to a court order that restrains the applicant from harassing, stalking, or threatening an intimate partner. (ABUSC922(g/8)) Applicant has been convicted in any court of a misdemeanor crime of domestic violence. (ABUSC922(g/6)) Applicant has a FBI or OSBI record of a conviction of a felony, a crime of moral turpitude, iii or domestic violence. (ABUSC921(g/6)) Applicant has a received a verdict of guilt or entered a plea of nolo contendere, or is participating in a deferred sentence, for a felony, a crime involving moral turpitude or a domestic violence offense. (ADUSCA)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A	Appli	cant Name: Date:
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		business that derives business or income from a wrecker or towing service. (700S956(B))

^{**} All dates will be based on the date of hire for each process

Under Chief's Directive Felony conviction or any conviction/court of a. This includes being under investigated Any arrest (with charges filed) for a crime of Three (3) or more hazardous moving violated Dishonorable discharge from the military Felony drug usage/possession/distribution of Misdemeanor drug usage within the past two	tion, indictment or charges pending for such a crime within the past three years. tions within the past two years within the past 5 years
I have reviewed the list of disqualifiers and:	
☐ None of them apply to me.	
☐ The item(s) I initialed apply to me and I am aware process.	that I am no longer eligible to participate in this hiring
Signature of Applicant	Date of Signature
Comments by Evaluator:	
Name of Evaluator	

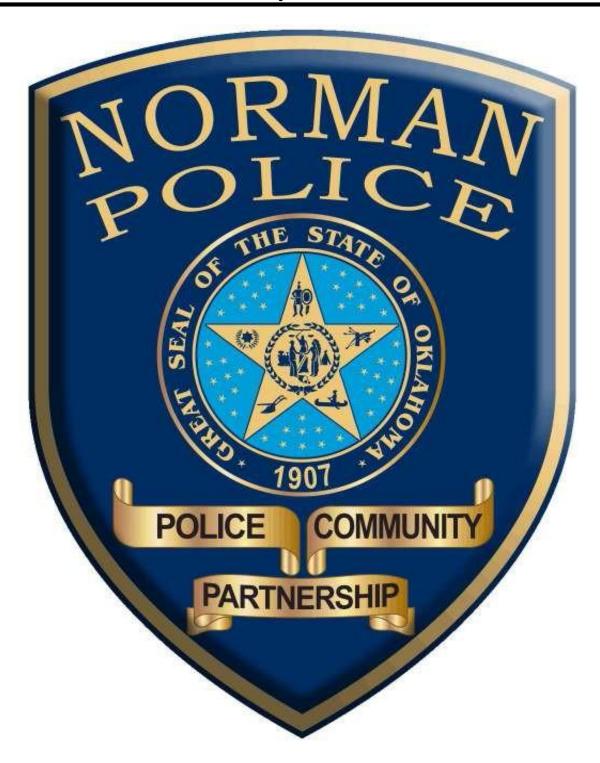
** All dates will be based on the date of hire for each process

¹ Controlled substance as defined by 21 U.S.C. 802.

Moral turpitude. "...In general it means neither more nor less than 'turpitude," i.e., anything done contrary to justice, honesty, modesty, or good morals. It is also commonly defined as an act of baseness, vileness, or depravity in the private and social duties which a man owes to his fellow man or to society in general, contrary to the accepted and customary rule of right and duty between man and man. Although a vague term, it implies something immoral in itself, regardless of its being punishable by law. Thus excluding unintentional wrong, or an improper act done without unlawful or improper intent. It is also said to be restricted to the gravest offenses, consisting of felonies, infamous crimes, and those that are malum in se and disclose a depraved mind. (Black, Henry C. Black's Law Dictionary, 6th Ed. Edited by Joseph R. Nolan and Jacqueline M. Nolan-Haley. St. Paul, MN: West Publishing Co., 1990, p. 1517.)

ii Nonimmigrant as defined by 8 U.S.C. 1101(a)(26). Except that, "subsection ...(g)(5)(B) [does] not apply to any alien who has been lawfully admitted to the Untied States under a nonimmigrant visa, if that alien is...an official of a foreign government or a distinguished foreign visitor who has been so designated by the Department of State; or a foreign law enforcement officer of a friendly foreign government entering the Untied States on official law enforcement business." (18 U.S.C. 922(y)(2)(C-D)) However, "any individual who has been admitted to the Untied States under a nonimmigrant visa may receive a waiver for the requirements of subsection (g)(5), if the individual submits to the Attorney General a petition... and the Attorney General approves the petition." (18 U.S.C.922(y)(3)(A))

Norman Police Department Personal History Statement Packet



Applicant Name (First, Middle, Last)

Click here to enter text.

SELECTION STANDARDS-NORMAN POLICE OFFICER

This packet contains the:

- Minimum Selection Standards
- List of Disqualifiers
- Personal History Statement (PHS)
- Applicant's Consent to Release Information
- Applicant's Use of Credit Report Agreement

It is very important that you review this information carefully and understand its contents. If you do **NOT** meet one or more of the standards, you will not be eligible for employment as a police officer. Please contact the Police Recruiter at (405) 366-5222 if you have any questions.

SUPPORTING DOCUMENTS:

<u>In addition to the employment application and PHS, applicants will be required to submit copies of the following documents:</u> driver's license, social security card, high school and college transcripts, birth certificate, DD Form 214. Original or certified copies of these documents may be required later in the process.

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Statement will be used in the investigation of your background. This process will help to determine your suitability for the position of Police Officer. Please fill out this PHS completely and accurately. Keep in mind that:

- 1. The completion of this questionnaire is mandatory.
 - a. Candidates must complete the entire PHS packet.

 Failure to submit a completed PHS packet may result in disqualification.
- 2. All statements are subject to verification.
- 3. Deliberate inaccuracies or omission will cause your disqualification.
- 4. All time periods in your background must be accounted for.
- 5. All information contained on the Personal History Statement and any information you provide will be reviewed with you during your pre-employment interview.

It is to your advantage to respond openly. Any issues discovered during the investigation will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for.

You must list all arrests and/or convictions even if you received a release or a pardon. You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

Norman Police Department Hiring Process Acknowledgement Disqualifiers

Below is a list of automatic disqualifiers. If any of these apply, you are not eligible for employment with the Norman Police Department. If you have questions about the disqualifier please contact the Police Recruiter at (405) 366-5222.

 Felony conviction or any conviction/court order that prohibits carrying a firearm a. This includes being under investigation, indictment or charges pending for such a
crime
Any arrest (with charges filed) for a crime within the past three years.
Three (3) or more hazardous moving violations within the past two years
Dishonorable discharge from the military
 Felony drug usage/possession/distribution within the past 5 years
 Misdemeanor drug usage within the past two years

SELECTION STANDARDS-NORMAN POLICE OFFICER

The Americans with Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, you do not have to provide information concerning physical or medical conditions, either past or current.

Please print in *black* ink or type your responses on this PHS. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheets provided and identify the additional information with the question number.

MINIMUM STANDARDS FOR POLICE OFFICER

- 1. Applicant must be at least 21 years of age at the start of the academy.
- 2. Minimum Education: 60 college credit hours (30 hours waived with 3 years prior military service or 2 years prior law enforcement experience).
- 3. Applicant must pass the Physical Ability Test Battery and the Written Examination.
- 4. UNITED STATES CITIZENSHIP IS REQUIRED FOR YOU TO BE HIRED. In order to apply, the applicant must be a U.S. citizen or if a non-citizen, the applicant must be a permanent resident alien, who in accordance with the requirements of the United States Citizenship and Immigration Service, is eligible and has applied for citizenship. United States citizenship is required at time conditional offer of employment is given to the applicant.
- 5. MILITARY RECORD: The applicant must have been discharged under honorable conditions (fair employment laws apply).
- 6. A valid Oklahoma State Driver's License is required prior to your employment.
- 7. TRAFFIC RECORD: An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions/traffic crimes that will be disqualifying include:
 - A. Three or more hazardous moving violations (speeding, negligent driving, etc.) in the past two (2) years.
- 8. CRIMINAL ACTIVITY: An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, 'nolo contendere' pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification. The following are disqualifiers:
 - A. Felony conviction or any conviction/court order that prohibits carrying a firearm
 - a. This includes being under investigation, indictment or charges pending for such a crime
 - B. Any arrest (with charges filed) for a crime within the past three years.
 - C. Felony drug usage/possession/distribution within the past 5 years
 - D. Misdemeanor drug usage within the past two years
- 9. EMPLOYMENT: An applicant's employment history, including any terminations, or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.
- 10. FINANCIAL: An applicant's credit history, including excessive credit card debt or unresolved accounts in collection will be thoroughly assessed and may be grounds for disqualification. Failure to pay income tax or child support will disqualify you.

SCREENING/SELECTION PROCESS

General Information:

Applicants who successfully pass the written and physical ability testing, and <u>do not</u> meet disqualifying criteria will be assessed using a core stability rating process. The top scoring candidates will continue in the hiring process. The remaining steps in the process include the following:

- 1. Oral interview board
- 2. Background investigation.
- 3. Polygraph examination.
- 4. Psychological tests.
- 5. Medical examination.

Other Information:

- 1. The Norman Police Department does not currently accept lateral transfers.
- 2. Academic degrees and prior police experience are not required for appointment.
- 3. Academic incentive pay **is** applicable and consideration is given in competitive promotional examinations.

NORMAN POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

-	
	IDENTIFYING INFORMATION

In application for the position of:	Police Officer							
Name: (First)	(Middle)		(Last)					
Social Security No.								
List any other name, alias, or nickname by which you have been known. (including maiden name):								
Drivers License #:	St	tate:						
Date of Birth:	He	eight:	W	eight:				
Work Phone:	He	ome Phone);					
Cell Phone:	E	mail:						
Place of Birth (name of hospital):								
City, County or Town:		STATE:						
List all scars, Identifying Marks, a	and ALL Tattoos	(with locate	tion on body)	:				
Are you a US citizen?	Yes [] No		2 . 1 1	11 .				
If you are a naturalized citizen of	the U.S., then fill	out the int	formation bel	ow and brir	ıg			
documentation to interview.								
Certificate Number Date	Court	City	State					
Marital Status: Married [] Sir	ngle [] Engage	d[] Divo	orced[] W	idowed[]				
Separate		<u>ч</u> [] —	016441	140,,,12,[]				
List Spouse's Full Name (including								
1	,	·						
ш.	RESIDENCE R	ECORD						
Start with your present address an	nd work backwar	·ds· list eac	h address at v	which you b	197/6			
resided within the last ten years:	na work ouck war	us, 115t cuc	II addiess at v	vinon your	14 10			
1001000 (1.101111				Date of C	Occupancy			
Street	City	State	Zip Code	From	То			
Succi	City		T	110111				
				+				
		_	1	†	+			
				+				
				l)	I			

List below all of your children; alive or deceased (inc	lude step-children):
Name	Date of Birth
Are you responsible for support payments: Yes [] N	o[] If yes, Explain_

RELATIVES: List 1-Spouse or Domestic Partner, 2-Parents, 3-Guardians, 4-Step-parents, 5-Foster parents, 6-Parents-in-law, 7-Brothers, 8-Sisters, 9–Former Spouse/Domestic Partner (indicate relationship by number in square)

#	Name	Street Address	City	State	Zip	Home#	Work#

IV. PERSONAL REFERENCES

List five adult references (not relatives, former or present employers) you have known for at least three years (preferably the past 3 years). It is very important that you list work phone numbers for all references. You may need a list of alternative references that can be supplied to your background investigator in the event some of the references cannot be contacted.

Yrs.	Name	Street Address	City	State	Zip	Home#	Work#

VII. INTERNET MEMBERSHIPS

Please list, in the space provided below, any Social media, Internet sites or message boards to which you are a member.

Site Name	Site Theme	May we access this/these Site(s)?

<u>NOTE</u> : Any information of a criminal nature provided herein and/or otherwise during your background investigation with NPD may be reported to the appropriate authorities.								
Have you ever been cited for, arrested , charged , indicted or convicted of any criminal or traffic violations other than parking citations? Yes [] No []								
Has your d	river's license ever been suspend	ded or revoked? Yes [] No []						
	te, place and full details of each not necessarily disqualify you for	n incident in the tables below (an arrest or conviction for employment).						
TRAFFIC	VIOLATIONS							
Date	City, State or Country	Details of Traffic Citations and Dispositions						
TRAFFIC A	CCIDENTS							
Date	City, State or Country	Details of Accidents (Injury/Non-injury/ at cause)						
	OFFENSES—Juvenileand Adu							
Date	City, State or Country	v enforcement has contacted you as suspect in a crime. Details of Arrests / Offenses / Disposition – was						
Date	City, State of Country	there only a report written? Deferred prosecution?						
	•							

CRIMINAL HISTORY-Continued

In your lifetime, either as an adult or juvenile, have you ever committed a crime for which you wer caught? Yes [] No [] If yes, please describe below:	re not
List all incidents in which you were a defendant, complainant, or a witness in any criminal, ci juvenile court proceeding, an administrative or investigative hearing by any City, County, St Federal Agency or a Grand Jury.	-

Have you ever used any of the illegal drugs listed below experimentally or recreationally in your lifetime? Yes $[\]$ No $[\]$

Please complete the following table by writing your responses in the boxes below each inquiry

specific to each illegal drug (including prescription drugs used illegally) listed:

	1. Indicate whether you have <u>used</u> any drug(s) listed below recreationally or experimentally. Mark "Y" for each drug used or mark N/A, not	2. Indicate whether you have <u>used</u> any drug(s) listed below in the past <u>12months</u> . Mark "Y" for each drug used in the past 12 months or mark N/A, not applicable, for	3. List the most recent date (month and year) of your recreational or experimental use of each drug(s) listed below or mark N/A, not applicable, for each drug never used.
	applicable, for each drug not used.	each drug not used in the past 12 months.	
Marijuana, Hashish, Cannabis			
Cocaine, Crack			
Ecstasy, MDMA, Ketamine, GHB, Rohypnol			
Hallucinogens, LSD, Peyote, Mushrooms, Psylocybin			
PCP, Angel Dust, Phencyclidine			
Opium, Morphine, Heroin			
Methamphetamine, Crank, Crystal, Ice, Speed, Amphetamine			
Inhaled Aerosols (huffing), Paint, Volatile Solvents, keyboard cleaner or Nitrous Oxide			
Pharmaceuticals not prescribed to you by a doctor, i.e. Oxycontin,			
Oxycodone, Vicodin, Methcathinone, Ritalin, Steroids (injection or pills)			
Synthetic substances (legal or illegal) used to alter your state of mind, i.e., Spice, K2, Bath salts, 2CE, 2CB e.t.c			

Have you ever served in the military services of the United States? Yes [] No [] If yes, complete the following:

	Dates	Military Installation	City		Country	Phone
List all period	ds of active s	service: To:	From			
1		To:				
		To:	From			
court or by s	ummary, sp	ere you ever charged with ecial or general court mar o [] If yes, explain:				
List your pres	sent Selectiv	re Service Classification and	d number: (Unkn	own? Call 1-8	347-688-6	888)
	charged from	re Service Classification and military service under ho			347-688-6 No[]	888)
Were you dis If no, Explain	charged from		norable condition	ns? Yes[]	No []	888)
Were you dis If no, Explain	charged from	m military service under ho	norable condition	ns? Yes[]	No []	
Were you dis If no, Explain If you are a m following: Branch:	charged from	m military service under ho	norable condition e National Guard Active	ns? Yes []	No []	
Were you dis If no, Explain If you are a m following: Branch: Commanding	charged from	m military service under ho	norable condition e National Guard Active Unit	ns? Yes [] d, please prove	No [] ide the Standb	
Were you dis If no, Explain If you are a m following: Branch: Commanding Street Address	charged from	m military service under ho	norable condition e National Guard Active Unit	ns? Yes [] d, please prov	No [] ide the Standb) <u>y</u>
Were you dis If no, Explain If you are a m following: Branch: Commanding Street Address Current Class	charged from	m military service under ho	norable condition e National Guard Active Unit Current R	ns? Yes [] d, please provi	No [] ide the Standb	DY

Current Monthly Income

The management of personal finances is relevant to an individual's qualifications for the position of police officer. Therefore, fill in the financial information section below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Expenditures

Monthly salary: \$	Real Estate (mortgage):	\$
Spouse's salary:	Rent:	
Other monthly income - describe:	Other monthly payments - des	cribe:
Total Monthly Income: \$	Total Monthly Expenditures:	\$
Comment Assets	Command Linkilities	
Current Assets	Current Liabilities	Φ.
Savings: \$	Real Estate Indebtedness:	\$
Checking:	Long Term Loans:	
Real Estate:	Charge Accounts:	
Stocks and Bonds:	Vehicles:	
Life Insurance (cash value of policy):	Other Liabilities - Describe:	
Vehicles:		
Other Assets - Describe:		
	Total Liabilities:	\$

Name of Firm	Type of Account	Monthly Payment	Balance

FINANCIAL INFORMATION - CONTINUED

including (when, where, why).
Have any of your bills ever been turned over to a collection agency? Yes [] No [] If yes, please give details below including (when, firms involved, circumstances).
Have you ever had anything you purchased repossessed? Yes [] No [] If yes, please give details below including (when, firms involved, circumstances).
Have your wages ever been garnished for any reason? Yes [] No [] If yes, please give details below including (when, where, why).
Have you ever been delinquent on income tax or other tax payments: Yes [] No [] If yes, please give details below including (when, where, why).
XII. MISCELLANEOUS
MISCELLANEOUS Have you ever stolen from an employer or been terminated due to theft? Explain.
Have you ever stolen from an employer or been terminated due to theft? Explain.
Have you ever stolen from an employer or been terminated due to theft? Explain. Have you ever been involved in a traffic accident where there was property damage and you
Have you ever stolen from an employer or been terminated due to theft? Explain. Have you ever been involved in a traffic accident where there was property damage and you
Have you ever stolen from an employer or been terminated due to theft? Explain. Have you ever been involved in a traffic accident where there was property damage and you departed the scene without reporting the incident? Explain.

MISCELLANEOUS - CONTINUED

Have you ever assaulted anyone which resulted in that person being injured? Explain.
Have you ever threatened anyone while possessing a weapon? Explain.
Have you ever stolen cash or property in excess of \$50 value at one time? Explain.
Have you ever sold or distributed any illegal drugs (with or without profit)? Explain.
Have you ever possessed any illegal drug or illegally obtained prescription medication? Explain.
Do you speak, read, write, or understand any foreign language? If so, what language and how well?
Have you ever applied for a permit to carry a concealed weapon? If yes, list the permit number, date, issuing agency, and purpose:
List all other schools or training attended, subjects studied, or certificates earned:
Please list any clubs, social or fraternal organizations, or associations of which you are currently, or ever have been, a member:
Do you hold any personal beliefs that would preclude or cause you difficulty in your application or enforcement of all state, federal, and local laws regardless of race, gender, sexual preference, political beliefs, religious beliefs, or handicaps?

MISCELLANEOUS - CONTINUED

discrimina	tion on account of	y act which would const race, gender, sexual pre	ference, political be	2 2 7
	F - 1			
List all mo	otor vehicles you ov	wn:		
_Year	Make	Model	Tag	VIN
			<u> </u>	
List the co	mpany name, addr	ess, and policy coverage	of your automobil	e insurance:
Has your a	utomobile insuran	ce ever been canceled fo	or any reason? Exp	lain.
Are you a	currently certified	police officer? Yes []	No []	
Have you	ever had your certi	fication suspended or re	voked? Yes[]	No []
If you are o	currently certified,	list the state in which yo	ou are certified:	
Do you cui	rrently hold any lay	w enforcement task specifi	c certifications sucl	h as (SFST, Intoxiltzer,
DRE, ETC	C.)?			
If so, what	certifications do y	ou possess?		
1 Cartifie	ation:	Data of C	lartification:	Stata
				State:
5. Certifica	ation:	Date of C	ertification:	State:
Are you cu Tactics, ET		instructor in any law enf	Forcement field (Fin	rearms, Defensive
,	ation:	Date of C	Certification:	State:
		Date of C	·	
				State:
				State:
				State:

CONTINUATION PAGE 1

Question No.	Answer	
		_
	_	

CONTINUATION PAGE 2

Question No.	Answer	
	_	
		-

All Applicants:

The following documents are required to be submitted with this completed personal history information packet:

- a. Enlarged photocopy of current Driver's License
- b. **Photocopy** of Social Security card.
- c. **Photocopy** of DD-214 (Page Member-4), if ever in military service.
- d. **Photocopy** of your birth certificate.
- e. **Photocopy** of your high school transcript
- f. **Photocopy** of transcripts from all colleges attended.
- g. **Photocopy** Naturalization papers, if foreign-born.
- h. **Photocopy** of marriage certificate, if applicable.
- i. **Photocopy** of divorce decree, if applicable.
- j. **Photocopy** of official name change order, if applicable.
- k. **Photocopy** of Passport information, if applicable.

<u>Note:</u> All effort should be made on your part to obtain these documents prior to the testing date. If you are unable to obtain any of the above-mentioned documents by the testing date, please write a note detailing which documents you are lacking and attach it to the front of this Personal History Statement stating that you have requested these items. Upon receipt of these documents, please forward them to the City of Norman's Human Resources Department as soon as possible.

Certified Copies or Originals of certain documents may be required later in the hiring process

Updated on 3/8/2013 11:14 AM 20

Every person who shall obtain employment or appointment to any office or place of trust, by color or aid of any false or forged letter or certificate of recommendation, shall be guilty of a misdemeanor.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I understand that if any of the above information contains any misrepresentations or falsification or if any material information has been omitted, I may be discharged by the Norman Police Department, regardless of the time elapsed before discovery.

I understand that this application shall remain in the possession of the Norman Police Department.

My signature below certifies that I have rea	d and understand this complete application, and
agree to the terms and conditions outlined in the	nis document.
Signature of Applicant	Date

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Norman Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Norman Police Department any and all information that you have concerning me, including without limitation my work record, my background and reputation, my driving history, criminal history, including any arrest records and any information contained in any investigatory files, my medical records, my psychological testing and analysis, including recommendation(s), my military service records, my education background and records, my financial status, and other such information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Norman Police Department. I request your cooperation in supplying this information to the Norman Police Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Norman, its employees and the Norman Police Department from any liability for any damage, which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Norman Police Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Norman Police Department.

Applicant's First, Middle and Last name (please pr	int) Date of Birth	
Applicant's Signature	Date	
Applicant's Current Address	Phone Number	
Social Security Number	Check Picture ID	D
Driver's License number or State I.D. number	Issuing State	_
Subscribed and sworn to before me on the	day of,	
Notary Public in and for the State of residing in the city of	_	
My commission expires	·	

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

Updated on 3/8/2013 11:14 AM

<u>USEOFCREDITREPORTSFOREMPLOYMENTPURPOSES</u>

Authorization to be signed as a requirement of the Norman Police Department pre-employment process.

By completing and signing this document, I agree that the Norman Police Department may obtain a consumer credit report or other information regarding me and may consult its own files for my credit report. I understand that this information will be used only for employment purposes.

Please fill out this document completely.

NOTE:

The information contained in your consumer credit report is deemed to be job related and will therefore be used as part of your pre-employment background investigation to assist us in evaluation your judgment and decision-making.

Failure to complete this document will remove you from further consideration for employment with the Norman Police Department.

Print Applicant's First, Middle and Last	Name
Social Security Number	
Current Street Address	
City, State, Zip Code	
Home Telephone Number with Area Co	ode
Date	Signature of Applicant
NOTARY	
Subscribed and sworn to before me this	
day of	, 20
My commission expires	, 20

PHYSICAL FITNESS TEST RELEASE AND WAIVER

I,	having made an application for the position of police officer		
for the City of	having made an application for the position of police officer of Norman, hereby expressly admit and state as follows:		
(1)	I have been fully advised of the essential job functions of a police officer for the City of Norman; and		
(2)	I affirmatively state I can perform the essential job functions set forth in the job description with or without accommodation; and		
(3)	I understand that an overall degree of physical ability and fitness is required to be a police officer; and		
(4)	I have been advised of the nature of the exercises, I knowingly and voluntarily state I can safely perform the exercises, and agree to participate in the physical ability evaluation set forth herein; and		
(5)	(5) I,		
`	nust write in your own hand, "I certify that I have read the foregoing Waiver and understand its provisions.")		
Date	Signature of Applicant		
Subscribed	NOTARY and sworn to before me this		
day o			
	sion expires, 20		

Updated on 3/8/2013 11:14 AM
The Norman Police Department is an Equal Opportunity Employer